Department of Health Services
Laboratory Field Services
MS 7109
1111 Broadway, 19th Floor
Oakland, CA 94607-4036

BIOLOGICS LICENSE APPLICATION

Division 2, Chapter 4, California Health and Safety Code

INSTRUCTIONS: Please use typewriter or print in ink. Complete this application and personnel report and return with required fee. Send to:

California Department of Health Services
Laboratory Field Services
MS 7109
1111 Broadway, 19th Floor
Oakland, CA 94607-4036

1. Check type of facility to which license will apply
   ❒ Blood bank ❒ Transfusion service ❒ Other (specify) _____
   2. If new facility, give date of opening

3. Name of facility

4. Address (number, street) | City | ZIP code

   Telephone number ( ) | Fax number ( ) | E-mail address

5. If this application is being filed because of a change, indicate change.
   ❒ Address ❒ Owner ❒ Medical director or person in charge of production
   Effective date of change

6. Check type of ownership
   ❒ Individual ❒ Partnership ❒ Corporation ❒ Other (specify city, county, district, etc.) _____

7. Exact name of owner

   a. Give name and address of (1) individual, if individual applying; (2) one member of partnership, if partnership; (3) president or secretary, if corporation or other similar type of organization; or (4) hospital administrator, if facility owned and operated by hospital.

Name	Address (number, street)	City	ZIP code

   b. List all other members of partnership or members of corporation board of directors (use supplementary sheet if necessary).

_____ _____
_____ _____
_____ _____
_____ _____

8. Person(s) in charge of biologics production (medical director, if blood bank)

Name	Address (Number, Street)	City, State, ZIP Code	Hours Per Week To Be Spent In This Facility

9. Products—List biologic(s) to be produced under this license

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

10. **FOR NEW FACILITIES**, attach description of facilities including (a) a description of the building with floor plan and (b) a list of equipment and apparatus used in production of biologics.

11. Complete enclosed personnel report and include with application.

12. a. List all off-site blood collection centers operating under this license.

Name	Address (Number, Street)	City, State, ZIP Code	Telephone Number

b. Mobile units ❒ Yes ❒ No If yes, please indicate number of mobile units _____

c. Off-site storage, processing, and/or distribution locations? ❒ Yes ❒ No
If yes, please indicate address and telephone number of each location.

Address (Number, Street)	City, State, ZIP Code	Telephone Number

I declare under penalty of perjury that the foregoing statements are true and correct; that I have read Division 2, Chapter 4 of the California Health and Safety Code; and Chapter 2, Subchapter 1, Group 1 of Title 17, California Code of Regulations; and that if a license is granted upon this application, the facility regulated by it will be conducted in accordance with the provisions of the aforementioned laws and regulations. I also certify that my connection with the above facility is bona fide, as shown, and that no subterfuge or mental reservation exists in connection with this application.

13. Certification of person named under 7.a.

Signature	Date

14. Certification of person named under 8.

Signature	Date